

Mail or fax: Barnes Insurance Agency, Inc.
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INJURY TO GUEST / ACCIDENT REPORT FORM

INSURED _____

ADDRESS _____

PHONE _____ TODAY'S DATE ____/____/____

CLAIMANT INFO *PLEASE PRINT*

NAME _____

ADDRESS _____

PHONE _____

AGE ____ M ____ F ____

PARENT'S NAME IF MINOR _____

LOCATION _____

INCIDENT DATE ____/____/____ TIME _____

WHAT HAPPENED _____

WAS EMERGENCY VEHICLE REQUESTED YES ____ NO ____

CLAIMANT DENIED YES ____ NO ____

WHERE TAKEN _____

CLAIMANT SIGNATURE IF AVAILABLE _____

EMPLOYEE FILLING OUT REPORT _____